

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>me</i>	<i>45</i>	<i>5/5</i>
FORMALITY REVIEW	<i>AS</i>	<i>932</i>	<i>05-18-01</i>
RESPONSE FORMALITY REVIEW	<i>M.D</i>	<i>625</i>	<i>11-28-01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*TC85/11/28/01*